

Injectable Vaccine Administration for Children Birth-6 years

Vaccine	Age/Reminders	Route	Site ☐	Needle*	Contraindications ⊕
Diphtheria, Tetanus, Pertussis (DTaP)	6 weeks-6 years	IM	Anterolateral Thigh or Deltoid [±]	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy without other cause within 7 days of a pertussis-containing vaccine
<i>Haemophilus influenza</i> type B (Hib)	No routine doses after 59 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Pneumococcal conjugate (PCV7)	No routine doses after 59 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Hepatitis B (Hep B)	1 st dose at birth; last dose at/after 6 months	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1 st dose at/ after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, polymyxin B)
		IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1 st dose at/after 12 mo; 4 week interval between two doses (all ages)	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Varicella (Var)	1 st dose at/after 12 mo; 3 mo interval between doses (ages 12 mo-12 yrs)	SC	Anterolateral Thigh or Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin or gelatin); pregnancy
Inactivated Influenza (TIV)	6 months and older; brand to use based on age	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Hepatitis A (Hep A)	1 st dose at/after 12 mo 2 nd dose 6 mo later	IM	Anterolateral Thigh or Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

☐ Vaccines should never be administered in the buttocks.

⊕ See package insert for complete contraindication/component listing; may vary by brand *

Professional judgment is appropriate when selecting needle length for use in all children, especially small infants or larger children.

± Use of the deltoid muscle in children 18 months and older (if adequate muscle mass is present) is an option for IM injections. December 11, 2007

Injectable Vaccine Administration for Children 7-18 Years

Vaccine	Age/Reminders	Route	Site*	Needle*	Contraindications ⊕
Tetanus, diphtheria (Td)	7 years and older	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component
Tetanus, diphtheria, pertussis (Tdap)	Routinely given at age 11-12 years; one dose ■	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; encephalopathy within 7 days of previous pertussis vaccine without other known cause
Hepatitis B (hep B)	1 st dose at birth; last dose at/after 6 mo	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (baker's yeast)
Inactivated Polio Vaccine (IPV)	For school entry: 1 st dose at/after 6 wks of age; all doses spaced at least 4 weeks apart	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, streptomycin, or polymyxin B)
		IM	Deltoid	1"-1.5" 22-25 g	
Measles, Mumps, Rubella (MMR)	1 st dose at/after 12 mo	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Varicella (Var)	1 st dose at/after 12 mo 12mo-12 yr: 3 months between dose 1 & 2	SC	Lateral Upper Arm	5/8" 23-25 g	Anaphylactic reaction to a prior dose or component (neomycin, gelatin); pregnancy
Inactivated Influenza (TIV)	Assure vaccine brand being used is age-appropriate	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component (eggs)
Meningococcal Conjugate (MCV4)	Routinely given at age 11-12 yrs; catch-up all adolescents 13-18 yrs	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to a prior dose or component; history of GBS
Human Papilloma-virus (HPV4)	Females 9 through 26 years	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to baker's yeast
Hepatitis A (hep A)	1 st dose at/after 12 mo 2 nd dose 6 mo later	IM	Deltoid	1"-1.5" 22-25 g	Anaphylactic reaction to prior dose or component; hypersensitivity to alum (Havrix®: 2-phenoxyethanol)

* Professional judgment is appropriate when selecting needle length and administration site; do not administer vaccines in buttocks

⊕ See package insert for complete contraindication listing; components may vary by brand of vaccine used

■ Two Tdap vaccines available: Boostrix® (GSK) is licensed for persons 10-18 yrs; ADACEL™ (sanofi pasteur) licensed for persons 11-64 yrs.